

BEST AVAILABLE COPY

10. 26.05.)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/533,798
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	/					
3	/					
4	/					
5						
6	/					
7						
8	/					
9	/		/			
10	/		/			
11			/			
12	/		/			
13						
14			/			
15						
16	/		/			
17						
18	/					
19	/					
20	/					
21	/					
22	/					
23	X					
24	/					
25	/					
26	/					
27	X					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34						
35						
36						
37						
38						
39						
40						
41	/					
42	/					
43	/					
44	/					
45	/					
46						
47						
48						
49						
50						
TOTAL IND.	12					
TOTAL DEP.	24					
TOTAL CLAIMS	36					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					2	
TOTAL DEP.					12	
TOTAL CLAIMS					14	